



Muscogee (Creek) Nation

Division of Health Administration

P.O. Box 400 ♦ Okmulgee, OK 74447 ♦ (918)756-4333

Employment Application

All applications for employment must be made on this Employment Application Form. Additionally, each applicant must address the KSAP's in the applicable Vacancy Announcement. All information submitted on this application is subject to verification. False or misleading responses may result in disqualification for employment.

Personal Information

Name: _____

Last

First

Middle

Address: _____

Street Number

City

State

Zip

Telephone(8:00a.m.-5 p.m.): _____
phone: _____

Message

Social Security#: _____ Driver's License #: _____
State: _____

Are you a member of, or eligible for membership in, a federally recognized Indian Tribe? ☐ YES ☐ NO

Can you furnish a CDIB card, or BIA Indian Preference Form 5-4432?

Verification must be included for Indian Preference consideration.

☐ YES ☐ NO

If yes, TRIBE: _____ Degree of Indian Blood: _____

Position Applying For: _____ Minimum Salary Requirement: _____

Educational Information

Educational Level	School Attended	Dates Attended		Course of Study	Degree Received
		From	To		
High School		N/A	N/A		
College					
Graduate					

Summarize Special Skills & Qualifications which you possess which are required for the job as stated in the Vacancy Announcement. Indicate any training or honors you have had which directly relates to the job for which you are applying.

Do you possess language skills in any language other than English? (Please List)

Employment Experience

List all of your work experience, starting with your most recent position, including military service.

Are you currently employed? ☐ YES ☐ NO May we contact your current employer? ☐ YES ☐ NO

1. Employer - Name, Address and Telephone Number		Type of Business
Position	Supervisor (Name & Title)	
Dates Employed		Description of Duties & Reason for Leaving
From	To	
Starting Salary	Current Salary	

2. Employer - Name, Address and Telephone Number		Type of Business
Position	Supervisor (Name & Title)	
Dates Employed		Description of Duties & Reason for Leaving
From	To	
Starting Salary	Current Salary	

3. Employer - Name, Address and Telephone Number		Type of Business
Position	Supervisor (Name & Title)	
Dates Employed		Description of Duties & Reason for Leaving
From	To	
Starting Salary	Current Salary	

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Please List three (3) professional or work references.

_____	Name	Position	Organization	Daytime Phone
_____	Name	Position	Organization	Daytime Phone
_____	Name	Position	Organization	Daytime Phone

General Background Information

Have you been fired or asked to resign from a job within the last 5 years. ☐ YES ☐ NO

Have you ever been convicted of a crime, or are you currently charged with a crime other than moving traffic violations? (If so, please explain) ☐ YES ☐ NO

Are you now working for, or have you ever previously worked for, the Muscogee (Creek) Nation Division of Health Administration? If so, when? _____ ☐ YES ☐ NO

Do you or your spouse have any relatives working for the Division of Health Administration or the Health Systems Board? (If yes, give names and positions in the space below.) ☐ YES ☐ NO

Acknowledgment & Release of Liability

The Muscogee (Creek) Nation follows required Indian/Tribal Preference guidelines. Excluding Indian Preference regulations, all applicants will be considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non job-related medical condition or handicap. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

I acknowledge that consideration for employment is contingent upon the results of a reference check, background investigation and a pre-employment physical, including a urine drug-screen. Therefore, I hereby authorize the Muscogee

(Creek) Nation to investigate the truthfulness of all statements made on this application; contact my former employers and other listed references or any other persons who can verify information which was provided; discuss the results of any investigation with other employees of the Division involved in the hiring process; check my driving record, if applicable for the particular position; and check my criminal record.

I also give my consent for all contacted persons, including former employers, to provide information concerning this application. I release each such person from liability for providing information to the Division.

I acknowledge that employment with the Division of Health Administration is on an At-Will basis. As such, I may terminate my employment with the Division at any time. Likewise, I understand that the Division may terminate my employment at any time with or without reason or notice.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment in accordance with Division policy.

By my signature below, I confirm that I have read and do understand the information in the “Acknowledgment & Release of Liability” Section.

Signature

Date